

CREATING

ASTHMA FRIENDLY

CHILD CARE
CENTRES

asthmafriendly.ca



The *Creating Asthma Friendly Child Care Centres* manual was adapted from the *Creating Asthma Friendly Schools Resource Kit*.

Ophea wishes to acknowledge the contributions of the many individuals, groups, and organizations that participated in the development of the *Creating Asthma Friendly Child Care Centres* manual.

The writing team for the *Creating Asthma Friendly Schools Resource Kit* includes:

Lisa Cicutto, RN, PhD, CAE

Sue Murphy RN, CAE

Elizabeth Conti RN, B.Sc.N.

Helen Evans RN, B.Sc.N.

Rebecca Lewis RN, B.Sc.N.

K.C. Rautiainen RN, B.Sc.N.

Sarah Sharrard RN, B.Sc.N.

The *Creating Asthma Friendly Child Care Centres* manual writers include:

Julia Brdarevic, RN, B.Sc.N., B.Ed., Asthma Coordinator, Halton Region Health Department

Lisa Cicutto, RN, Ph.D., CAE, Public Health School Asthma Program Evaluation and Asthma Consultant

K.C. Rautiainen, RN, B.Sc.N., Asthma Coordinator, Sudbury & District Health Unit

Anna Marie Smith, RN, B.Sc.N, Asthma Coordinator, City of Hamilton, Public Health Services

Cathie Snider, RN, B.Sc.N, MN, Public Health Nurse, Asthma Coordinator, Durham Region Health Department

The content of this manual is based on current available evidence and has been reviewed by medical experts. It is provided for informational purposes only. The views set out in this guide are those of the authors and do not necessarily reflect those of the Government of Ontario or the Ministry of Health and Long-Term Care. The information is general in nature and is not intended to be a substitute for sound clinical judgment. Seek the advice and expertise of your health care provider with any questions you may have about your health.

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Introduction

The *Creating Asthma Friendly Child Care Centres* manual was developed to provide recommendations and resources for creating asthma friendly child care centres. The goal of this manual is to create supportive child care centres for children with asthma based on a team approach that focuses on the knowledge, skills, and commitment of everyone involved in the child care centre environment. Creating and maintaining an asthma friendly environment shows that your child care centre is responsive to not only the needs of children with asthma but also the health of all children attending the centre.

Children often spend eight to 12 hours a day in a child care centre. Child care centres often represent the first time children with asthma are cared for by someone outside of their homes. This places child care professionals in a position where they need to understand asthma and its management.

A needs assessment completed with the child care community revealed that guidance and supports were needed to care for children with asthma. This manual was developed in response to, and with the input from, child care staff and administrators to provide best practices for supporting and caring for children with asthma.

This manual is designed for use by any member of the child care centre community. To assist with implementation, and in recognition of the importance of a team-based approach, the manual provides suggestions for the following specific roles:

- Administrators
- Child Care Providers
- Parents/guardians of children with asthma

The manual is organized into three main sections. Section One provides an overview of asthma: what it is, what triggers it, steps to potentially prevent asthma attacks and how to manage and treat it. Section Two details recommendations for creating supportive asthma friendly child care settings. Section Three includes resources to support implementation in child care settings. These resources may be duplicated, copied, or modified to suit the needs of the individual child care setting.





Section One: Overview of Asthma

Asthma in Children: Why Care?

Asthma is the most common chronic condition of childhood affecting as many as one in five children in Ontario.¹ In a group of 10 children, it is likely that at least two will have asthma.

Asthma is a leading cause of hospital admissions, emergency room visits, and school absenteeism.² Asthma can cause disrupted learning through school absenteeism and interrupted sleep, which affects the ability to concentrate.³ Most children with asthma are able to lead a healthy, happy, active life if their asthma is kept well controlled by using appropriate medications and avoiding or controlling exposure to triggers.

Child care centres that understand asthma and how to support children with asthma experience:

- enhanced learning environments and opportunities;
- reduced absenteeism;
- reduced disruption in the classroom;
- less fear about recognizing and treating a potentially life-threatening asthma exacerbation or attack;
- fuller participation in child care centre activities, including physical activity and play; and
- improved communication between centre personnel, parents/guardians and health care providers regarding the child's asthma.



¹SickKids'. Asthma Prevalence Crude Rates. 2018. Retrieved from http://lab.research.sickkids.ca/oasis/wp-content/uploads/sites/6/2018/07/prevrt_upto2016.pdf

²Ontario Asthma Surveillance Information System (OASIS). Retrieved from: <http://www.sickkids.ca/Research/OASIS/>.

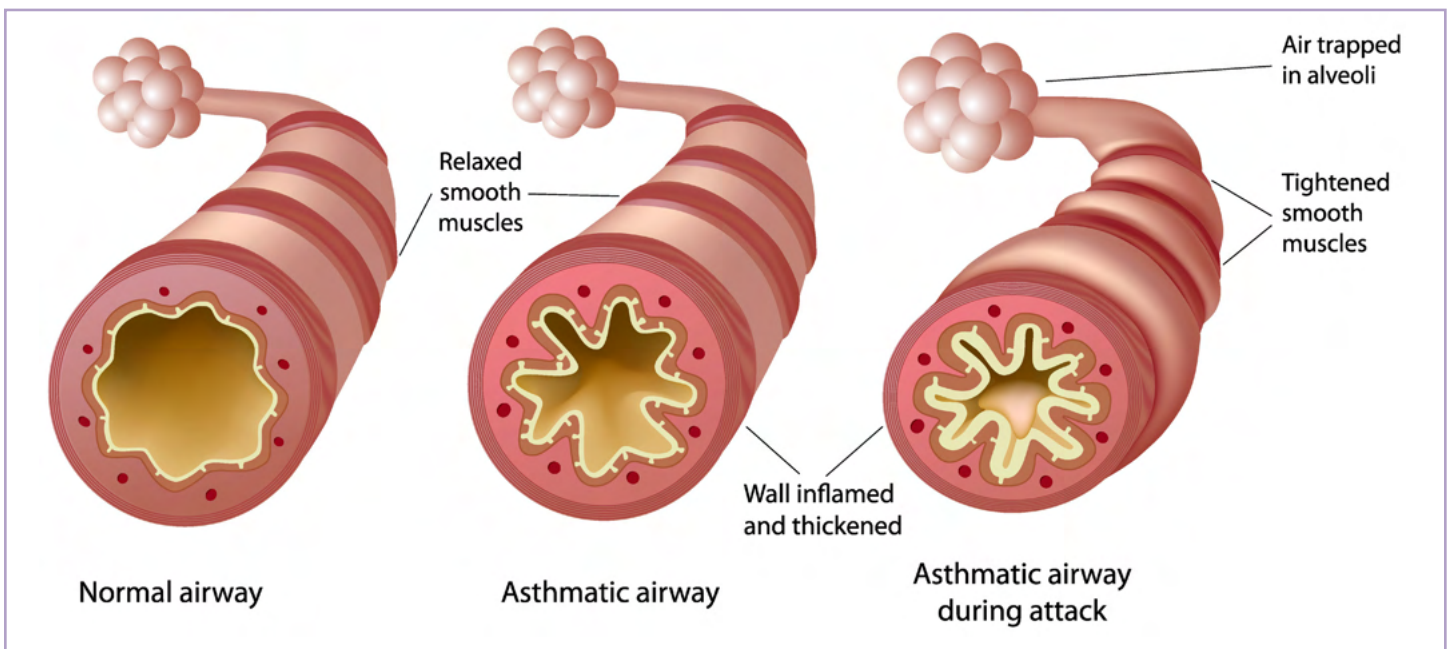
³Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*, 81(10), 593–598.

What is Asthma?

Asthma is a chronic inflammatory condition in the airways of the lungs.

Children with asthma have very sensitive, twitchy airways that respond to things in their environment (such as triggers). When children with asthma come into contact with one of their triggers, three responses may occur to cause the airways in their lungs to narrow:

1. The lining inside the airways starts to swell (becomes inflamed).
2. Excess mucus builds in the airways.
3. Muscles that wrap around the outside of the airways tighten (constrict).



This narrowing of the airways can lead to symptoms such as:

- coughing;
- wheezing;
- difficulty breathing; and
- chest tightness.

For some children with asthma, the most common, and perhaps only, symptom is coughing.

In babies and young children, asthma-like symptoms can be seen in other health conditions because the airways of the lungs are so small. For example, wheezing can occur with bronchiolitis or wheezy bronchitis. A cough is common with croup, the common cold, seasonal allergies, or pneumonia. For this reason, it is often difficult for a doctor to confirm a diagnosis of asthma in babies and young children. These symptoms are often treated in a similar way by using medications that reverse the airway narrowing the airways.

What is an Asthma Trigger?

Triggers are things in the environment that cause, provoke, or aggravate asthma symptoms (for example, cough, wheeze, difficulty breathing).

Common triggers include:

- viral infections (such as, colds/flu), which cause up to 90 percent of asthma attacks in children;
- tobacco smoke;
- strong odours (for example, paints, permanent markers, perfumes, cleaning products, and glue);
- air pollution;
- extremes in weather;
- allergies (for example, animals, pollen, mould, dust, dust mites); and
- physical activity.

Not all children with asthma share the same triggers. Every child with asthma has their own set of triggers and will not always respond to them in the same way after an exposure. It is important to identify what triggers make a child's asthma worse so exposure to them can be minimized (for example, viral infections) or managed.

What Happens When Asthma is Triggered

When asthma is triggered, a sudden narrowing of the airways can produce what is often called an “asthma attack,” “asthma flare-up,” or “asthma exacerbation.” Ongoing narrowing of the airways leads to more severe and more frequent symptoms, such as difficulty breathing, wheezing and coughing. These symptoms can be relieved with medication. Reducing or eliminating exposure to triggers can help to prevent an attack.

Asthma Triggers and Strategies to Reduce Their Exposure

Asthma triggers are as individual as the child. They can change over time and may be more or less problematic depending on the level of asthma control. Information provided here is a brief overview to alert you to the most common triggers and the steps you can take to reduce exposure. Several of the triggers are problematic not only for children with asthma but also for all children. However, it is children with asthma that tend to experience the most ill-health effects.

Sometimes not all triggers for a child's asthma are known, but the child and/or the parents/guardians should alert you to known asthma triggers. Eliminating or reducing a child's exposure to specific triggers can reduce the likelihood of an asthma attack as well as the need for medication. Triggers are typically divided into two types: irritants and allergens. Allergens involve an immune response of the body, in which the immune system fights off a perceived threat that would otherwise be harmless. Irritants will be highlighted first, followed by allergens.

Irritants

Infections of the airways (such as, colds and flu)

- Colds and viruses are the most common asthma trigger for children.
- The best preventive action to avoid colds and viruses is frequent hand washing with soap and water! Your local health department can provide resources to help with promoting routine hand washing practices.
- The flu shot is recommended for everyone over the age of six months. It is even more important for children with asthma as they are a high-risk group. Encourage parents/guardians to speak to their health care provider about annually immunizing their child from the flu. Child care workers should also receive the flu shot to help prevent the spread of infection.



Strong Odours

- Scented products (for example, perfume, cologne, and aftershave) should be avoided. Consider a fragrance-free or scent-free centre.
- Cleaning products containing bleach or ammonia should be avoided. When possible, use low-scent and environmentally friendly products.
- Art supplies that release strong odours (for example, chemicals) should be avoided, including acrylic glues, rubber cement, liquid ink, spray adhesives, markers (for example, dry erase, scented, permanent), and oil-based and spray paint.
- Paint fumes should be avoided. Painting of the facility should be completed during breaks. Proper ventilation is important. Notify parents/guardians of plans for indoor painting during the year.

Tobacco Smoke

- Children should not be exposed to tobacco smoke. Secondhand smoke is a well-known asthma trigger. Thirdhand smoke (such as tobacco smoke remaining on the hair, clothing, and body of smokers) is also a trigger of asthma symptoms.

Air Pollution

- Monitor the Air Quality Advisories issued by the Ontario Ministry of the Environment and Climate Change (www.airqualityontario.com). Depending on the outdoor temperature or air quality, it may be necessary to plan activities indoors on some days.

Physical Activity

- Vigorous activity often triggers asthma symptoms. This is especially the case in extremes of weather and/or when the child's asthma is not well controlled, such as recovering from a common cold/infection. Refer to Asthma and Physical Activity on page 16 for more information.

Extremes in Weather (cold, heat, humidity, wind)

- Encourage children to cover their face with a scarf or facemask while playing outside during cold weather.
- Parents/guardians may request that children use their reliever (blue) inhaler 10 to 15 minutes before performing specific outdoor activities/exercises.
- Asthma symptoms can worsen on hot days, when humidity levels are high, or on days when the weather is extremely cold. Consider indoor activities/play on these days.



Allergens

Dust Mites

- Dust mites are tiny insects that feed on dead skin cells.
- Dust mites are often found in the fibres of stuffed chairs, pillows, animals, and carpets.
- Removing carpets, stuffed chairs, and animals, and pillows is best, if possible.
- Frequent damp-dusting of shelves and daily vacuuming (use a vacuum with a HEPA filter) of carpets or area rugs in the classrooms is recommended. This will limit the amount of dust in the child care centre environment but should occur after the children have left for the day.

Animals

- Animal fur, dander (dandruff or flakes of skin), saliva, and urine are allergens for many children asthma.
- It is not recommended to keep classroom pets in the child care centre environment because they can trigger asthma symptoms.
- Children who have pets at home often carry dander and fur on their clothing. These allergens can be transferred from their clothing to carpets and upholstered furniture in the classroom. Removing upholstered furniture and pillows reduces animal allergen exposure from sources.

Pollen

- In Ontario, pollen occurs from May through September. Pollen counts are highest on sunny, dry, windy days.
- Keep windows closed on high pollen days.
- Use air conditioners, if available.
- Monitor pollen counts on your local weather station.

Moulds

- Moulds grow indoors in damp places, such as bathrooms, basements, humidifiers, air conditioners and around windows.
- Spores from mould can become airborne and trigger asthma.
- Black spots around windows or on the ceiling are common signs of mould.
- Aquariums and humidifiers require regular cleaning and are not encouraged in child care environments because of the possibility of mould growing in/around them.
- Overwatering of plants facilitates the growth of mould. Check for white growth on the soil and remove it because it could be a sign of mould growth.
- High indoor humidity promotes the growth of mould and dust mites. Keep indoor humidity less than 50 percent. Humidity can be measured by a hygrometer, available at hardware stores. Dehumidifiers help to reduce humidity levels.
- Other sources of indoor mould include old newspapers, books and water-damaged carpets.
- Outdoor mould can be found in freshly cut grass and decaying leaves. They are most common in the spring, summer, and fall, until after the first frost.



Asthma Control is Key

When asthma is well controlled, the child will have infrequent symptoms and minimal to no disruption in their life. The level of asthma control has to do with the degree of inflammation in the airways. When the airways are very inflamed, they are more irritable and twitchier and will react by narrowing to more triggers with less exposure. The poorer the asthma control, the more inflamed the airways and the more asthma symptoms are experienced.

You know a child's asthma is **well controlled** when they:

- have asthma symptoms fewer than four times a week;
- use the reliever medication (such as an inhaler) no more than four times a week;
- participate in physical activity or play without having asthma symptoms;
- sleep through the night without waking due to asthma symptoms; and
- have no asthma attacks.

Signs that a child has **poorly controlled** asthma include:

- having asthma symptoms (for example, cough, trouble breathing, wheezing) more than three times a week;
- using the reliever inhaler more than three times a week to treat symptoms;
- waking up at night or the early morning due to asthma symptoms;
- trouble playing or being physically active because of asthma symptoms; and
- missing several days of child care due to asthma.

Note: If you have concerns about a child's level of asthma control, talk to the parents/guardians and let them know what you are observing. Asthma control can be achieved with the use of proper medications. If the child has poorly controlled asthma, recommend that parents/guardians follow-up with a health care provider.

Asthma Medications

Asthma medications won't cure asthma. They help keep a child's lungs healthy and control/prevent asthma symptoms. The two main types of asthma medications are relievers and controllers. They work in different ways to control asthma.

Relievers (usually blue)

- Work quickly (5 to 10 minutes) by relaxing the muscles wrapped around the outside of the airways, which causes opening of the airways and quick relief from asthma symptoms.
- Are used on an as-needed basis to relieve symptoms.
- Provide relief of symptoms for 4 to 6 hours.
- Need to be easy to find and always quickly accessible in case of asthma emergencies to relieve symptoms.

Illustration 1: Sample of Relievers and Reliever with Spacer



Controllers

- Reduce and prevent inflammation and slow the production of mucus in the airways.
- Typically taken on a daily basis, usually twice a day, in the morning and night. However, they can be taken four times a day during an asthma flare-up or exacerbation.
- Some controller medications are combination inhalers that contain both an inhaled steroid to control inflammation and a long-acting bronchodilator that reverses airway narrowing.
- It is important to clarify with parents/guardians of children with asthma if this type of medication is to be used in the child care setting and when and how it is to be used.

Illustration 2: Sample of controller medications



Young children (usually less than 7 years of age) will require an adult to administer their medication. With proper instruction, most children seven years or older have the ability to understand when their medication is needed and how to use it correctly. For asthma medications that involve a spray inhaler (such as a metered dose inhaler), it is recommended that a spacer be attached to the inhaler to ensure good delivery of medication to the lungs. It is extremely important for children to have easy access to their blue reliever inhaler. A life-threatening asthma attack can occur at any time.

Common Asthma Situations

Asthma and Physical Activity

Vigorous activity often triggers asthma symptoms. This is especially the case in extremes of weather and/or when the child's asthma is not well controlled, such as recovering from a common cold/infection. Asthma symptoms can occur several minutes into the activity and/or up to 30 minutes after stopping the activity. If a reoccurring pattern of the child experiencing asthma symptoms resulting from physical activity is seen, a visit to a health care provider should be recommended. Asthma symptoms are more commonly experienced when performing physical activity:

- in extreme hot and cold environments;
- in conjunction with an upper respiratory infection (cold);
- with sustained running;
- during high pollen count days; or
- during poor air quality days.

Useful Tips

- The child should NOT participate in physical activity if already experiencing asthma symptoms.
- If asthma symptoms begin after starting physical activity, have the child stop the activity and take the reliever inhaler as directed by the child's health care provider, which is often one to two puffs. If two puffs are recommended, give one puff at a time, with 30 seconds between puffs. When the child is fully recovered, they may resume the activity.
- If symptoms are not relieved within 10 to 15 minutes after using the reliever inhaler, repeat the two puffs of the reliever medication, monitor the child's status and do not allow them to return to the activity.
- If the child's asthma symptoms do not improve, or worsen, this is an emergency situation and 911 should be called. Follow the steps for Identifying and Managing Worsening Asthma and an Asthma Emergency, summarized in The Ontario Lung Association's Managing Asthma Attacks poster on page 18.

Asthma and Anaphylaxis

Children with asthma and life-threatening allergies (such as anaphylaxis) are at a much greater risk of having a severe and fatal reaction. Understanding the signs and symptoms of asthma and anaphylaxis are necessary to manage serious reactions. Make sure that you know whether the child has life-threatening allergies, the signs and symptoms of a reaction, and what the child's allergies are. Refer to your child care centre's Anaphylaxis Policy for more information regarding anaphylaxis prevention and management.

Identifying and Managing Worsening Asthma and an Asthma Emergency

It is difficult to predict when an asthma attack will occur. When a child experiences difficulty breathing, coughing, and/or wheezing, the use of the reliever medication is needed. Depending on the age of the child, they may take the reliever inhaler without assistance. Follow the dosing recommendations provided to you by the parents/guardians and health care provider. In general, two puffs are taken with each puff, separated by 30 seconds. Asthma symptoms should be relieved within 15 minutes. An image capture of Ontario Lung Association's Managing Asthma Attacks poster is included on the next page. This poster outlines how to determine the severity of the asthma attack/flare-up and the steps to take.

This poster and its steps should be reviewed annually, with a copy easily accessible in each classroom. Additional free copies of Ontario Lung Association's Managing Asthma Attacks poster can be ordered or downloaded from lungontario.ca.



Managing Asthma Attacks Poster

Visit lungontario.ca to access an AODA-compliant version or to order free copies of Ontario Lung Association's Managing Asthma Attacks poster.

Managing Asthma Attacks

TAKE ACTION	
<p>If any of the following occur:</p> <ul style="list-style-type: none"> Continuous coughing Trouble breathing Chest tightness Wheezing (whistling sound in chest) <p>Student may also be restless, irritable and/or very tired.</p>	<div style="display: flex; align-items: center;"> <div> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <p>Step 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an emergency – follow steps below.</p> </div> </div>
EMERGENCY	
<p>If any of the following occur:</p> <ul style="list-style-type: none"> Breathing is difficult and fast Cannot speak in full sentences Lips or nail beds are blue or gray Skin on neck or chest sucked in with each breath <p>Student may also be anxious, restless and/or very tired.</p>	<div style="display: flex; align-items: center;"> <div> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <p> Call 911 for an ambulance. Follow 911 communication protocol with emergency responders. </p> <p>Step 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives.</p> </div> </div>
<p>While waiting for medical help to arrive:</p> <ul style="list-style-type: none"> ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction). ✓ Do not have student breathe into a bag. ✓ Stay calm, reassure the student, and stay by his/her side. ✓ Notify parent/guardian or emergency contact. 	

This publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at www.on.lung.ca/resources.

To learn about asthma call The Lung Association Lung Health Information Line at 1-888-344-LUNG (5864) or visit www.on.lung.ca

B R E A T H E
the lung association

Section Two: Creating Asthma Friendly Child Care Centres

Benefits of Creating Asthma Friendly Child Care Centres

As primary caregivers, child care centre staff play an important role in helping children manage their asthma. When a child's asthma is well controlled, they are able to fully participate in play and learning.

Asthma friendly child care centres:

- Create a supportive learning environment for children with asthma.
- Reduce absenteeism.
- Reduce disruption in the classroom.
- Help children with asthma participate fully in child care centre activities, including active play.
- Improve communication between centre personnel, parents/guardians, and health care providers regarding the child's asthma.



How to Create Asthma Friendly Child Care Centres

Creating asthma friendly child care centres is a shared responsibility and requires a team-based approach of the child care centre community, including child care centre administrators, child care providers, and parents/guardians of children with asthma or who use asthma medication.

This section recommends strategies for creating asthma friendly child care centres and outlines the roles and responsibilities of the team.

An asthma friendly child care centre:

- knows which children have asthma and/or use asthma medication;
- ensures that reliever medicines are easily accessible;
- ensures that staff are prepared to identify and handle worsening asthma and asthma emergencies;
- reduces exposure to asthma triggers;
- promotes full participation of children with asthma in all child care centre activities, including physical activity and play;
- provides learning opportunities to child care staff to gain a general understanding of asthma; and
- works with parents/guardians and health care professionals to successfully manage asthma.

Following is a discussion of the key elements and steps for creating supportive child care centres for children with asthma or that use asthma medicines. It is strongly advised that child care centres develop a comprehensive asthma policy that addresses the elements described below and that this policy is shared with the entire team (parent/guardians and staff). Check with your local public health unit as they may be able to assist in the policy development process. Section Three provides key resources and supports to assist with implementation, in particular the Role and Responsibility Checklists (page 27), which have been developed for each member of the child care team (such as, administrators, child care providers and parents/guardians). These checklists should be provided to all team members annually.

Know which children have asthma and/or use asthma medicines.

- Ensure that your child care centre's registration form includes a question explicitly asking parents/guardians to indicate whether their child has asthma and/or uses asthma medication. These forms should also contain text explaining that parents/guardians are responsible for providing updated information about changes to their child's condition and/or providing the centre with medication.
- Each year or upon registration, ensure that parents/guardians complete the child care centre's registration form.
- For each child with asthma and/or that uses asthma medicine, provide parents/guardians with an Asthma Information Package to complete. A sample Asthma Information Package is provided for your use or reference in Section Three, page 23. An Asthma Information Package typically includes:
 - **A Request and Consent for Administration of Medication Form**
This form is completed by parents/guardians to request and provide consent for staff to assist their child with the administration of medication or that permits their child to use medication. A health care provider's signature may also be required.
 - **Child Asthma Management Plan**
This form details how to support the child with asthma and includes triggers, medications needed, and directions for their use. Specifically, it contains the child's photograph, information about the child's asthma, triggers, symptoms, asthma medication, emergency contact numbers, emergency protocol, and the signature of a parent/guardian (indicating that this information can be shared with child care staff). This form should be posted in the appropriate classroom(s).
 - **Parents/Guardians of Children with Asthma Responsibility Checklist**
Parents/guardians are asked to review and complete this checklist to confirm their understanding of their roles and responsibilities related to the management of their child's asthma at the child care centre.

Ensure ready/quick access to asthma medication/inhalers.

- Quick access to reliever asthma medication is needed to relieve asthma symptoms. Asthma reliever inhalers should be kept on the child or located in the classroom and brought along when leaving the classroom.
- While most children aged seven years or older are capable of deciding when medication is required and have the skills to administer the medication, younger children will need assistance.
- Child care staff should know which children require assistance to use their asthma medicines and feel comfortable providing the assistance to administer the medication. In some child care centres, a designated staff member provides/administers medication.
- Parents/guardians need to meet with child care staff at least annually to provide the necessary medication and equipment and to review the steps for administering medication to their child and under what circumstances. In general, parents/guardians should review the completed Asthma Information Package with staff during this meeting.

Ensure staff is prepared to identify and handle worsening asthma and asthma emergencies.

- Ensure that each child with asthma or who uses asthma medication has an up-to-date Child Asthma Management Plan located in the child's classroom and the centre's office.
- Hold a meeting between parents/guardians and child care staff to review the Child Asthma Management Plan. This form details the strategies and steps for managing the child's asthma and should be updated at least annually or when any changes are made to medications. The purpose of this meeting is to make sure that child care staff and parents/guardians are comfortable in terms of how the child's asthma will be managed with regards to how and when asthma medications will be used and when parents/guardians will be contacted.
- Child care centres need to provide or arrange for training to child care centre staff regarding the signs of asthma, how to give asthma medication, and how to recognize and respond to worsening asthma and asthma emergencies. This can be part of the annual first aid training at the child care centre.
- For quick reference, the Ontario Lung Association's Managing Asthma Attacks poster (an image capture is included in Section One, page 18) can be displayed in the classrooms. It provides a visual display of how to recognize and respond to worsening asthma and an asthma emergency.

Reduce common asthma triggers within the child care centre environment.

- For each child with asthma, review their Child Asthma Management Plan to know their asthma triggers.
- When possible, reduce exposure to common asthma triggers in the child care environment that may provoke or aggravate asthma. (For more information, refer to Steps to Reduce Exposure to Triggers in the Child Care Centre on page 33.)
- Notify parents/guardians well in advance of child care centre trips and identify the activities involved so that parents/guardians can identify potential asthma triggers.

Promote full participation of children with asthma in all child care centre activities, including physical activity.

- It is important to encourage all children to participate in all child care activities to ensure they feel connected to their centre and their peers. Daily physical activity is important for children for healthy growth and development and perhaps even more so for children with asthma.
- When leaving the property of the child care centre, make sure to bring asthma reliever inhalers.
- When going on field trips with volunteers or staff not familiar with the health conditions of the children, bring a copy of the Child Asthma Management Plan (refer to Section Three, page 25) and the asthma inhalers.
- Encourage children with asthma to participate in all child care activities to the best of their abilities, including

physical activity. If children with asthma are experiencing asthma symptoms, participation may be limited until symptoms are managed. Additional information about asthma and physical activity are provided in Section One: Overview of Asthma—Asthma and Physical Activity and Useful Tips on page 16.

Provide learning opportunities to child care staff to gain a general understanding of asthma.

- At the least, annual learning opportunities and learning resources should be provided to ensure that staff know:
 - how to identify common asthma triggers;
 - how to assist with the administration of asthma medicines;
 - how to identify worsening asthma and asthma emergencies and the steps to take in response;
 - the roles and responsibilities of child care administrators, child care providers and the child’s parents/guardians; and
 - the child care centre’s asthma policy and related protocols and procedures.
- Use community resources to learn more about asthma. A list of community resources is included in Section Three: Resources and Supports for Implementation, page 23.

Work with parents/guardians and health care professionals to successfully manage asthma.

- The collaboration of parents/guardians, child care personnel, and health care professionals is required for successful asthma management within the child care centre.
- At least annually, child care administrators, child care staff, and parents/guardians of children with asthma and/or who use asthma medicines need to review their specific Roles and Responsibilities Checklist for creating asthma friendly child care centres.
- It is essential that child care centres communicate with parents/guardians of children with asthma about their roles and expectations, such as:
 - completing the Asthma Information Package;
 - supplying asthma medicines and necessary equipment;
 - meeting with child care staff to review the use of medications and when they are to be used; and
 - working with the child’s health care professional to support good asthma control and management.



Section Three: Resources and Supports for Implementation

Resources and Supports

This final section provides four sets of resources and supports for implementing practices that create asthma friendly child care centres. Set 1 includes a sample Asthma Information Package (Request and Consent for Administration of Medication Form, Child Asthma Management Plan, and Parents/Guardians of Children with Asthma Responsibility Checklist). Set 2 includes the Role and Responsibilities Checklists for Creating Asthma Friendly Child Care Centres for each member of child care community. Set 3 is a sample asthma policy. It is provided only as a sample, outlining the key elements and recommendations for an effective policy. This can be copied, adapted, and revised to suit the specific needs of your child care centre. Set 4 includes a list of asthma education and community resources available to support the creation of asthma friendly child care centres.

Set 1: Asthma Information Package

For each child with asthma and/or who uses asthma medicine, provide parents/guardians with an Asthma Information Package to complete. An Asthma Information Package typically includes:

- **Request and Consent for Administration of Medication Form**

This form is completed by parents/guardians to request and provide consent for staff to assist the child with the administration of medication or that permits the child to use medication. A health care provider's signature may also be required.

- **Child Asthma Management Plan**

This form details how to support the child with asthma and includes triggers, medications needed and directions for their use. Specifically, it contains the child's photograph, information about the child's asthma, triggers, symptoms, asthma medication, emergency contact numbers, emergency protocol, and the signature of a parent/guardian (indicating that this information can be shared with child care staff). This form should be posted in the appropriate classroom(s).

- **Parents/Guardians of Children with Asthma Responsibility Checklist**

Parents/guardians are asked to complete this checklist to confirm their understanding of their roles and responsibilities related to the management of their child's asthma at the child care centre.

Request and Consent for Administration of Medication Form

Instructions:

1. Medication is administered to a child only where a parent/guardian gives written authorization with a schedule that sets out the times and amounts.
2. Medications are to be in their original containers with the child's name on it.
3. Store medications as directed by your centre's policy.
4. Complete this form for each medication.

I authorize the administration:

of _____ (medication)
to _____ (child's name)
by _____ (child care centre staff)

Start date: _____

End date: _____

Use the following instructions:

Dosage: _____

Method of administration (such as, drops, oral, etc): _____

Time(s) of administration: _____

Storage: _____

Side effects: _____

Stop medication if the following reactions are observed: _____

Name of prescribing physician: _____

Date: _____

Parent/guardian signature: _____

Administration Record

Date	Time given	Amount Given	Staff Initial	Comments/Observations	Date Return

Child Asthma Management Plan

Visit lungontario.ca to access an AODA-compliant version or to order free copies of the Ontario Lung Association's Child Asthma Management Plan.

Place
Child's Photo
Here

CHILD ASTHMA MANAGEMENT PLAN

(To be completed by parent/guardian)

CHILD _____ AGE _____

EMERGENCY CONTACT	
Name	Relationship
Phone	Other Phone

KNOWN ASTHMA TRIGGERS

Colds/flu
 Physical activity
 Hot or cold weather
 Strong smells
 Pets
 Pollen
 Allergies (specify): _____
 Anaphylaxis (specify allergy): _____
 Other (specify): _____

MEDICINES

RELIEVER INHALER (FAST-ACTING, USUALLY BLUE):

Use reliever inhaler _____ in the dose of _____ Spacer provided? Yes No
(name of medicine) (number of puffs)

Reliever inhaler is used to: Relieve symptoms being experienced (see "MANAGING ASTHMA ATTACKS" below)
 Other (please explain): _____

Location of reliever: Child carries own inhaler Other (specify location): _____

Child self-administers? Yes No, needs assistance/supervision taking inhaler

CONTROLLER MEDICINE (SLOW-ACTING, NOT FOR ASTHMA EMERGENCIES):

At _____ use controller _____ in the dose of _____
(time of day) (name of medicine) (number of puffs/doses or nebulizer dose)

Medicine delivered by: Inhaler plus spacer (rinse mouth after use) Nebulizer (rinse mouth after use) Pill Syrup

Location of controller: Stored in (specify location): _____

MANAGING ASTHMA ATTACKS

MILD ASTHMA ATTACK	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> Continuous coughing Trouble breathing Chest tightness Wheezing (whistling sound in chest) <p>Child may also be restless and/or irritable.</p>	<div style="text-align: center; margin-bottom: 10px;"> </div> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler).</p> <p>Step 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10-15 minutes, this is an emergency - follow steps 1 and 2 below.</p>
ASTHMA EMERGENCY	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> Breathing is difficult and fast Cannot speak in full sentences Lips or nail beds are blue or gray Skin on neck or chest sucked in with each breath <p>Child may also be anxious, restless and/or very tired.</p>	<div style="text-align: center; margin-bottom: 10px;"> </div> <p>Step 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). CALL 911 for an ambulance. If possible, stay with person.</p> <p>Step 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives.</p>
<p>While waiting for medical help to arrive:</p> <ul style="list-style-type: none"> ✓ Have child sit up with arms resting on a table (do not have child lie down unless it is a life threatening allergic event) ✓ Stay calm, reassure the child and stay by his/her side ✓ Notify parent/guardian or emergency contact 	

B R E A T H E
the lung association

Lung Health Information Line: 1-888-344-5864

Parents/Guardians of Children with Asthma Responsibility Checklist

Parents/guardians are responsible for providing child care providers with up-to-date information about their child's asthma and the necessary medications and equipment. Information should be provided to the child care centre at the start of each year regardless of whether the child is a new student. The child care centre should also be informed of any changes to the child's asthma situation that will affect their routine, performance and/or ability to participate in activities.

Please ensure to:

- Complete the forms included in the Asthma Information Package:
 - Request and Consent for the Administration of Medication Form
 - Child Asthma Management Plan
 - Parents/Guardians of Children with Asthma Responsibility Checklist
- Attend a meeting with child care centre administrator and/or child care provider to discuss the completed forms included in the Asthma Information Package.
- Alert the centre to any changes in your child's medical condition (for example, change in medication).
- Ensure medication for your child is well labelled, up to date (for example, not expired), and is readily available at the child care centre at all times. If your child uses a spacer or nebulizer to deliver the medication, you will need to provide these devices to the child care center. If your child needs help to take their inhaler, you will provide information to staff on how to give the inhaler medications correctly.
- Prepare your child for child care centre field trips and discuss any issues in advance with the supervisory child care staff.

I have read the Parents/Guardians of Children with Asthma Responsibility Checklist

Parent/Guardian Signature: _____

Date: _____

Set 2: Role and Responsibility Checklists

The following checklists summarize the responsibilities for key members of the child care community to support creating asthma friendly child care centres. An asthma friendly child care centre relies on a team approach and that all team members fulfill their roles. These should be reviewed at least annually by child care providers and child care administrators. To assist with the implementation and recognition of the importance of a team-based approach, the following checklists are provided here for:

- Administrators
- Child Care Providers
- Parents/guardians of children with asthma



Child Care Administrators Responsibility Checklist

The following is a summary of the responsibilities of child care administrators to create an asthma friendly child care centre:

- Include a question about whether a child has asthma and/or uses asthma medication on the Child Care Registration Form.
- Create an Asthma Information Package and ensure each parent/guardian of a child with asthma receives and completes the forms included in the package.
- Ensure child care providers meet with each parent/guardian of a child with asthma to review their completed forms included in their Asthma Information Package.
- Annually provide child care providers with a list of children who have asthma and/or use asthma medication and display the children's completed Child Asthma Management Plan (on page 25) in each of the child care centre classrooms.
- Display the Ontario Lung Association's Managing Asthma Attacks poster (on page 18) in all centre classrooms and offices.
- Monitor for asthma triggers on an ongoing basis and take action to reduce exposure to asthma triggers whenever possible.
- Encourage children with asthma to participate in physical activities.
- Develop an asthma policy or ensure existing policies:
 - allow children easy access to asthma medications at all times, including during field trips;
 - include a child care centre wide process for handling worsening asthma and asthma emergencies;
 - include training for all child care centre staff and volunteers on signs of asthma, how to give asthma medication, and how to recognize and handle worsening asthma and asthma emergencies;
 - include a decision-making process to reduce potential asthma triggers; and
 - are reviewed annually and updated to reflect current practices and updates on asthma information.

Child Care Providers Responsibility Checklist

The following is a summary of the responsibilities of child care providers to create an asthma friendly child care centre:

- Know which children have asthma and/or use asthma medication.
- Distribute the Child Asthma Information Package to parents/guardians of children with asthma.
- Ensure each parent/guardian of a child with asthma completes and returns the forms included in the Asthma Information Package.
- Meet with each parent/guardian of a child with asthma to review their completed forms from the Asthma Information Package.
- Post/keep a copy of the Child Asthma Management Plan for each child with asthma in the classroom to provide easy access for those working in the classroom.
- Ensure children with asthma have easy access to their asthma medication at all times, including on child care centre field trips.
- For children who are not allowed to carry their inhaler, keep the inhaler medication in the classroom for easy access.
- Know which children require assistance to use their inhaler.
- Feel comfortable with your ability to assist a child with asthma to use an inhaler.
- Know how to recognize and handle worsening asthma and an asthma emergency.
- Display the Ontario Lung Association's Managing Asthma Attacks poster in each classroom.
- Know the steps to take if a child is experiencing worsening asthma.
- Inform parents/guardians when children have signs of worsening asthma while under your care.
- Know the asthma triggers for children in your class, which are identified on their Child Asthma Management Form.
- Take action to reduce exposure to asthma triggers whenever possible.
- Encourage children with asthma to participate in all activities to the best of their abilities.
- Understand how to handle symptoms associated with exercise-induced asthma.
- Notify parents/guardians well in advance of trips and identify activities involved.

Parents/Guardians of Children with Asthma Responsibility Checklist

Parents/guardians are responsible for providing child care providers with up-to-date information about their child's asthma and the necessary medications and equipment. Information should be provided to the child care centre at the start of each year regardless of whether the child is a new student. The child care centre should also be informed of any changes to the child's asthma situation that will affect their routine, performance and/or ability to participate in activities.

Please ensure to:

- Complete the forms included in the Asthma Information Package:
 - Request and Consent for the Administration of Medication Form
 - Child Asthma Management Plan
 - Parents/Guardians of Children with Asthma Responsibility Checklist
- Attend a meeting with child care centre administrator and/or child care provider to discuss the completed forms included in the Asthma Information Package.
- Alert the centre to any changes in your child's medical condition (for example, change in medication).
- Ensure medication for your child is well labelled, up to date (for example, not expired), and is readily available at the child care centre at all times. If your child uses a spacer or nebulizer to deliver the medication, you will need to provide these devices to the child care center. If your child needs help to take their inhaler, you will provide information to staff on how to give the inhaler medications correctly.
- Prepare your child for child care centre field trips and discuss any issues in advance with the supervisory child care staff.

I have read the Parents/Guardians of Children with Asthma Responsibility Checklist

Parent/Guardian Signature: _____

Date: _____

Set 3: Sample Asthma Policy

The following is a sample asthma policy that can be used as a starting point to develop an asthma management policy for your child care centre or can be adapted to meet the needs of your specific child care centre. It is not intended to replace existing requirements identified by the Day Nurseries Act or by the Ontario Ministry of Children and Youth Services.

HAPPY VALLEY CHILD CARE CENTRE MANAGEMENT OF ASTHMA POLICY

POLICY:

The purpose of this policy is to support the management of asthma at the Happy Valley Child Care Centre and to provide a safe environment for children with asthma. While it is not possible to totally eliminate exposure to triggers in the child care centre environment and/or at offsite locations (for example, field trips), Happy Valley Child Care Centre will make all efforts to reduce exposure to triggers wherever possible. Management of worsening asthma or an asthma emergency will be in accordance with each child's specific asthma management plan, which are to be posted in designated areas (and include a recent photograph of the child).

Section A: Parent/Guardian Obligations

It is the obligation of the parents/guardians of each child with asthma to ensure:

- information in the child's file is kept up-to-date regarding asthma management and medication that the child is taking;
- to provide the medication, clearly labelled with the name of the medication, name of the child, dosage, and times to be given;
- completion and submission of the Asthma Information Package to the child care centre, which includes the following forms:

- **Request and Consent for the Administration of Medication Form**

- **Child Asthma Management Plan**

This form contains the child's photograph, information about the child's asthma, triggers, symptoms, asthma medication, emergency contact numbers, emergency protocol, and the signature of a parent or guardian.

Pictures should be recent photographs of the head and shoulders, approximately 2"x 2.5". This form will be posted in the staff room/health room and/or where appropriate in the classroom (parent/guardian permission) and in the supply teacher folder to identify the child to staff.

- **Parents/Guardians of Children with Asthma Responsibility Checklist**

Section B: The Child Care Administrators' Obligations

It is the obligation of Child Care Administrators to ensure that:

- the Happy Valley Enrollment Health Registration form includes the question: Does your child have asthma or use asthma medicines?
- the Asthma Information Package (Request and Consent for the Administration of Medication Form, Child Asthma Management Plan, and Parents/Guardians of Children with Asthma Responsibility Checklist) is provided to parents/guardians of children with asthma or who use asthma medication to complete in full and to return to the child care centre on an annual basis;
- all staff know which children have asthma and/or use asthma medications and have copies of the individual Child Asthma Management Plan;
- reliever inhalers are with and/or readily accessible to the child at all times. For children who require assistance administering their medication, the medication should be kept in the classroom or with the child care provider; and
- annual training is provided to staff and volunteers regarding asthma management, and staff are able to recognize and respond to worsening asthma and asthma emergencies

Section C: The Child Care Providers' Obligations

It is the obligation of Child Care Providers to ensure that:

- they know which children have asthma and/or use asthma medications and they have corresponding copies of their Child Asthma Management Plan;
- they feel confident in their ability to recognize and treat worsening asthma and emergencies;
- they meet with the child's parents/guardians to review the Child Asthma Management Plan and use of medications;
- asthma reliever medications are ALWAYS easy to access for quick use (for example, on the child, on the child care provider or in the classroom);
- medication use is recorded on the Medical Authorization and Administration Record including:
 - a) date medication was needed,
 - b) time medication was given, and
 - c) amount of medication given and initialed by staff;
- they partner with parents/guardians of children with asthma or who use asthma medications to promote successful management. This includes informing parents/guardians of repeated troublesome asthma symptoms experienced and/or repeated use of reliever medication.

Authority for Review/Revision of Happy Valley Child Care Centre Management of Asthma Policy:

Date of Last Revision: _____

Set 4: Asthma Education Resources

Steps to Reduce Exposure to Triggers in the Child Care Centre

- Avoid asking the children to clean the chalkboard or chalk-filled brushes.
- Use dustless chalk or a white board.
- Ensure child care centre rooms and offices are regularly cleaned.
- Damp-wipe shelves, gym mats, and tables/desktops; and damp-mop floors, stairwells, and hallways.
- Keep clutter to a minimum and remove old books.
- Replace upholstered furniture with smooth-surfaced furniture that is easy to wipe down.
- Avoid carpeting.
- Avoid having animals in the child care centre.
- Report water damage and mould growth to the administrator.
- Create a scent-free child care centre. Choose scent-free products when possible: for example, unscented markers, art supplies, cleaning products, perfumes.
- Encourage children with asthma to wear a scarf or facemask in cold weather to help stay warm and to humidify the air they breathe while outside.
- Keep windows closed on high-pollen count and poor air quality days.
- Check pollen levels in your community at www.theweathernetwork.ca and air quality forecasts and smog alerts at www.airqualityontario.com.
- Cancel outdoor activities on smog alert days.
- Encourage “no idling” policies. Ensure that school bus drivers and parents/guardians turn off vehicle engines while waiting.

Asthma Education and Community Resources

Ophea

www.ophea.net

www.asthmafriendly.ca

The Ontario Lung Association

lungontario.ca

www.kidsasthma.ca

Asthma Canada

www.asthma.ca

www.asthmakids.ca

Ontario Ministry of the Environment and Climate Change

www.airqualityontario.com

MedicAlert Foundation Canada

www.medicalert.ca

Telehealth Ontario Information Line

Telephone: 1-866-797-0000

The Hospital for Sick Children

www.sickkids.ca

Children's Hospital of Eastern Ontario

www.cheo.on.ca

The Weather Network

www.theweathernetwork.ca

Day Nurseries Act for Child Care Providers of Ontario

www.childcarelearning.on.ca

